

Risk Assessment Inventory: Physical & Nutritional Management

The following risk factors may be indicators of existing or developing problems. These should be considered by the service coordinator, service provider, and other Team members when assessing and planning for risk mitigation. Referrals for further evaluation by clinicians or the regional center's Clinical Team may be needed to diagnose a specific condition or otherwise address individual risk. ***This inventory is not intended to take the place of a professional diagnosis conducted according to accepted standards of clinical practice.***

Physical Management

✓ if Present	Risk Factor
	Does the individual have difficulty with gross motor skills such as walking or sitting?
	Does the individual have:
	• Contractures (severe joint tightness)?
	• Severe scoliosis and/or kyphosis (curvature of the spine)?
	• Windswept deformity of the legs (both legs fixed or pointed to one side)?
	• Severe muscle tightness (spasticity) or muscle weakness (floppy)?
	Does the individual maintain his/her head in a tipped back (hyperextended) position?
	Has the individual had problems with skin breakdown, redness that does not disappear after 20 minutes, or skin breakdown that doesn't heal?
	Does the individual have poor bladder or bowel control?

Nutritional Management

✓ if Present	Risk Factor
	Are there special dietary needs (i.e., caloric, consistency, texture)?
	Has the individual received modified food textures in the past (i.e., blended, chopped)?
	Does the individual need assistance to eat?
	Does the individual cough during meals?
	Does the individual have a history of choking?
	Does the individual frequently refuse certain types of foods or liquids?
	Does the individual eat in other than an upright position?
	Does the individual exhibit poor head control?
	Does the individual have a problem with:
	• poor lip closure and/or tongue thrust
	• bite reflex
	• gagging during meals and/or tooth brushing
	• rumination
	• excessive belching
	• frequent vomiting
	• persistent drooling
	Has the individual experienced dehydration in the past 12 months?
	Does the individual have history of nasogastric (NG) and/or gastrostomy (G) tube use?
	Does the individual tip his/her head back to swallow?
	Does it take more than 30 minutes for the individual to eat a meal?
	Does the individual have to swallow repeatedly to clear the mouth?
	Has the individual had any episodes of not breathing, turning blue, severe wheezing, or pneumonia during the past year?
	Is the individual agitated during or after meals?
	Does the individual have reddened or whitened gums, visible film or plaque on the teeth, or other significant dental problems?
	Does the individual not tolerate tooth brushing or being touched around the mouth?
	Does the individual eat rapidly; take large mouthfuls or too large bites?

Individual: _____ **Date** _____